DC OFFICE OF RISK MANAGEMENT

Tort Liability Claims Handling Procedure Manual

"One City, One Government, One Voice"

Revised July 2011

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1 INTRODUCTION

The District of Columbia's Office of Risk Management ("ORM") is committed to ensuring:

- ❖ the timely and effective management of claims and other legal actions against the District of Columbia
- ❖ ORM Claim personnel are supported during the investigation of a claim or other legal proceeding

This document describes the claims management policy and procedures followed by the ORM Tort Liability Division, and gives guidance on associated matters.

The policy and procedures within this manual comply with the requirements of the D.C. Code § 12-309 for the management of claims, and are based on current guidance issued by the Office of the Mayor.

Any future changes in guidance will be followed, and may supersede the procedures laid down in this document.

2 PURPOSE

To set forth the policies and procedures for the adjustment of claims submitted to the Tort Liability Division of the Office of Risk Management.

3 CUSTOMER SERVICE

3.1 General Etiquette

Customers should be handled with the highest level of customer service by all ORM employees.

3.2 Phone Etiquette

All telephone calls must be returned within 24 hours receipt, or within the next business day.

3.3 Voicemail Standards

3.3.1 Desk Telephone Greetings

Every telephone equipped with voicemail should have a standard outgoing greeting that is professional, concise, and conveys relevant and useful information to the caller. Each desk greeting should include the following information:

- Name of employee, title of employee, organizational unit of employee (Tort Liability Division), number to dial for immediate assistance
- Statement that calls will be returned within 24 hours or the next business day

3.3.2 Voicemail Boxes

Every employee should have a voice mailbox that is set-up and ready to accept voice messages. Voice mailboxes should never be full and unable to accept new messages.

3.4 Correspondence

3.4.1 Time Sensitive Correspondence

Claimant letters, attorney letters, lien letters, and other time sensitive correspondence require immediate attention and should be acknowledged within 48 hours of receipt.

Lien letters regarding settlements must be received in writing.

3.4.2 Priority Correspondence

The following correspondence requires immediate attention and must be addressed within 48 hours of receipt:

- City council correspondence
- Executive correspondence addressed to the Director of Risk,
- All litigation material
- Claim notification and letters of intent to file suit received in DCORM from the Mayor's Correspondence unit, via the Intranet Quorum (IQ)

Failure to respond within the required time frame will lead to further personnel action.

4 COVERAGE

4.1 Scope of Coverage

The District of Columbia is a self insured public entity. District agencies listed in Appendix A are covered by § 12-309 of the D.C. Official Code and are handled by ORM.

District agencies listed in Appendix B are not covered by § 12-309 of the D.C. Official Code and are not handled by ORM. These agencies are either handled directly by the agency or through a Third Party Administrator (TPA).

4.2 Coverage Responsibilities

4.2.1 Claims Covered Under the ORM

The District of Columbia provides coverage for:

- Automobile Bodily Injury
- Automobile Property Damage
- General Liability Bodily Injury
- General Liability Property Damage

4.2.2 Claims NOT Covered Under the ORM

The District of Columbia does not provide coverage for:

- Uninsured Motorist Protection
- Under-Insured Motorist Protection
- Personal Injury Protection

4.2.3 Workers/Disability Compensation Claims

The Tort Liability Claims Division does not handle workers compensation/disability compensations claims. These claims are handled by the TPA Sedwick CMS.

4.2.4 Correctional Treatment Facility Claims

The District does not handle most claims concerning the operation of the District's Correctional Treatment Facility ("DCTF"). These claims are handled by the DCTF operator, Corrections Corporations of America.

The District has assumed legal responsibility for any claims involving food services and provisions of health care for the Correctional Treatment Facility.

4.2.5 Federal/Constitutional Claims

Failure to satisfy the § 12-309 notice requirement will not bar a federal cause of action. § 1983 and other constitutional claims are not required to satisfy a state (or municipality) notice-of-claim requirement in order to pursue a federal civil rights claim in state court. See *Artis-Bey v. District of Columbia*, 884 A.2d 626, 632 (D.C. 2005).

4.2.6 Independent (Non-Mayoral) Agency Claims

Claims filed against independent agencies must have a Memorandum of Understanding ("MOU") on file in order to be addressed by DCORM. If a claim is filed against a non-mayoral agency and there is no MOU in place the claim should be referred back to the agency for handling.

5 FILING RESPONSIBILITIES

5.1 Overview of Duties

When a claim is initiated, a claim file should be maintained for each claim, and should reflect all actions taken in the investigation. The file should show the chronological development leading to the payment, compromise, or denial of claims presented against the District. Each file should also meet the coding and reserve requirements.

5.2 Determining Liability

A comprehensive inquiry into the facts surrounding an accident/incident must be made in order to determine liability. To support a liability determination a Claims Specialist must:

- Carefully plan and execute the liability investigation
- Obtain statements from all parties to the claim, including friendly and adverse witnesses
- Make every attempt to complete the investigation within 30 days
- Clearly document every effort in the claim file notes

5.3 Duplicate Claims

Claim Assistants should check each new claim in the ATS system for duplicate times, dates, and locations to determine if the claim has already been handled or settled by an Adjustor.

5.3 Reporting

5.3.1 Claim Reported Date

A claim reported date is the date that the ORM becomes aware of a claim, and it should be carefully tracked in the ATS system. The claim reported date should be updated when adding new claims and additional claimants. A Specialist should use the following criteria to establish the claim reported date:

- Injured or damaged party comes into the office to report a claim
- Injured or damaged party sends a letter making a demand for payment
- Attorney sends a letter of representation
- Subrogation letter received
- Suit papers received

5.3.2 Initial Contact

Initial contact is the agency's first contact with the claimant, witness, or any other pertinent party to the accident and it must be made within 24 hours of a new assignment. When making initial contact a Specialist should:

- Send an acknowledgement letter to the claimant
- Include a copy of the acknowledgement letter in the claim folder
- Include a copy of the letter in the ATS system

5.3.3 Recorded Statements

Recorded statements should be made on a case by case basis, and must be clear, concise, and admissible in court. Recorded Statements must be obtained on all claims that include bodily injury, questionable liability, and no liability. An interview summary or statement should be included in the file notes. If a recorded statement cannot be obtained, the Specialist should summarize the reason in the claim file.

Recorded Statements should include the following information:

- Specialist Introduction
  - Claims Specialist's name, telephone number, current location, date and time
- Permission to Record Interview
  - The interviewee's affirmative acknowledgement that they are being recorded
  - The interviewee's affirmative permission to be recorded
- Interviewee Personal Information
  - Full name, current location, address, social security number, telephone number (home and business), date of birth, marital status (spouse's name)
  - Occupation, employer, length of employment
  - If the claim is auto related, driver information (license number, type of vehicle, tag number, years driving, restrictions)
  - Name address, and telephone of relative who will always know how to contact the interviewee
- Claim Specific Information
  - Detailed description of what happened in the interviewee's own words

If it becomes obvious that a lawsuit is forthcoming, the Specialist should immediately obtain a recorded statement from all parties involved in the claim.

5.4 Documentation

Every claim must have a file that clearly tracks and supports the Specialist's effort's to determine liability.

5.4.1 General Requirements

Every file must include the following information in the ATS reporting system:

- Claimant Contact Information
- Acknowledgement Letter
- Correct Coverage Codes
- Claims Reported Date
- Statute of Limitations Date
- All pertinent Information (including Attorney names, Doctors, Hospitals)
- Agency Incident Report
- Reserves

5.4.2 Incident-dependent Requirements

Based on the type of incident, the following information should also be included in the ATS reporting system:

- Police Report
- Collection Letters
- Photographs
- Appraisals, Estimates, and Invoices
- Witness Contact Information
- Recorded Witness Statement
- Medical Release Forms
- Primary and secondary physicians (for all BI cases)
- Property Damage Forms
- Weather Report

5.4.3 Reopened file Requirements

All reopened files must:

- Include an explanation detailing the reason they the file was reopened
- Clearly be marked as “Reopened” on the file jacket, with the “Closed” stamp crossed off
- Indicate the date the file was reopened
- Reflect the updated claim status in the ATS reporting system

5.5 Reserving

In order to protect the interests of the District, reserves should establish and maintain a realistic interpretation of the District’s exposure to liability. The reserves should also include the adjuster's opinion of legal liability, nature and extent of the injury or damage, medical bills, and any other supporting information.

All cases and lawsuit files reserved at $50,000 and above, must be reviewed and authorized by the Tort Liability Manager.

5.6 Coding

Risk management efforts are dependent upon risk identification, and it is paramount that the ORM provide appropriate coding by entering and maintaining accurate data, and collaborating with multiple staff members to make difficult coding decisions.

5.6.1 *“Unknown” Agency*

When a responsive agency is listed as “unknown” in the ATS system, the Claim Specialist must investigate to determine the appropriate agency. Once the Specialist has confirmed the correct agency, the Specialist should update the ATS system immediately.

5.7 Negotiating

Files must clearly record ALL negotiations including dates, offers, and demands.

Offers should never be left pending. If an offer is made and there is no response from the adverse party:

- After 30 days, the Specialist should follow up with a telephone call to the attorney or claimant informing them that if a lawsuit is filed all offers will be withdrawn
- After 60 days, the Specialist should send the attorney or claimant a letter stating the date of the previous conversation, amount of offer, name of claimant, time limit for a reply, and other requirements for keeping the keep the claim active
- After the designated time limit, the Specialist should withdraw the offer or close the file

5.8 Subrogation

5.8.1 Recovery Potential

Specialists should assess and determine the subrogation potential for every claim. If a Specialist determines that a subrogation is likely the Specialist should:

- Identify and document the potential within 14 days of receiving the claim
- Send claim notification letters to the responsible party and carrier within 14 days
- If after 30 days a response is not received, continue to follow up (send a letter, directly call carrier, etc.) until payment is received

5.8.2 Recovery Documentation

When supporting a subrogation recovery, the Specialist should include the following documentation:

- Interviews of the District's agency employee or representative (supervisors, witnesses, etc.)
- The adverse operator's information including:
  - If insured, the name of Insurance carrier, policy number, and effective date
  - If not insured, the payment plan information
- Interviews of witnesses
- Photographs of the accident scene, District vehicle, and other involved vehicles
- Diagrams of the accident scenes
- Police Report
- Damage estimates and/or invoices

5.9 Statute of Limitations

Oral notification or contact with a claimant is not sufficient to satisfy the notice requirements of §12-309. If the Specialist is actively in discussion with the claimant, and the claimant does not have a §12-309 compliant notice on the record with the DCORM within 30 days of the statute of limitation, the Specialist should:

- Be careful not to waive the statute of limitations through discussions with the claimant
- Advise the claimant of the impending statute of limitation deadline
- Send a letter to the claimant confirming the conversation
- Enter a note summarizing the conversation and your actions in the ATS system

6 SERIOUS ACCIDENTS OR FATALITIES

When notified of serious accidents or fatalities Claims Specialists should:

- Immediately notify and consult the Claims Manager
- Immediately canvas for witnesses and obtain witness statements
- Submit a captioned report, labeled “lawsuit probably/pending”, to the Claims Manager within 7 days of assignment

6.1 Multi-Car/Chain Reaction Type Accidents

A chain reaction accident is a series of separate accidents where each car is pushed into the vehicle in front of it, causing multiple impacts and injuries to vehicle occupants.

Because each accident is distinct the Claims Specialist must remember to:

- Carefully investigate to determine the originating vehicle that caused the first accident
- NOT assume the liability falls on one or all the drivers
- NOT assume that the last driver or first driver is liable

7 CLAIM DEFENSES

7.1 Statute of Limitations

An intentional tort occurs when a person knowingly and unjustifiably causes harm to another. *Taylor v. District of Columbia Water & Sewer Auth.*, 957 A.2d 45 (D.C. 2008). In the District of Columbia, all intentional tort claims must be brought within one (1) year of the incident.

A negligent tort occurs when a person unintentionally and unreasonably causes a foreseeable and preventable harm to another person or his property. *Ray v. American Nat'l Red Cross,* 696 A.2d 399, 407-08 (D.C.1997).In the District of Columbia, all negligence claims must be brought within three (3) years of the incident.

Federal civil rights claims fall under the general catch-all three (3) year statute of limitations for actions for which no specific time period is provided.

If a claimant files a claim with alternative theories, the Claim Specialist should always evaluate whether each legal claim or theory satisfies the applicable statute of limitations for that claim.

7.2 Contributory Negligence

Contributory negligence occurs when a claimant's conduct fall below the standard to which the claimant should conform for his own protection and contributes to his injury. *Banks v. District of Columbia*, 551 A.2d 1304, 1309 (D.C. 1988).Contributory negligence is asserted when the District contends that the claimant's injury resulted from the claimant's own conduct.

7.3 Assumption of Risk

A claimant assumes the risk when he voluntarily decides to expose himself to a known danger. *District of Columbia v.* Mitchel, 533 A.2d 629, 639 (D.C. 1987). Assumption of the risk can be asserted if the claimant knew of the danger or risk and still acted in a manner that exposed him or her to the known danger or risk.

7.4 Accord and Satisfaction

Accord and satisfaction is asserted if the District contends that a claim or payment obligation has been satisfied or extinguished in an earlier matter or earlier case.

Claims assistants should check new claims in the ATS system for claims with duplicate dates, times and location, to determine if the claims have already been handled by the ORM.

7.5 Scope of Employment

Scope of Employment may be asserted if the employee's conduct was not in furtherance of his/her duties or involved criminal wrongdoing (e.g., sexual assault). If the employee's conduct was beyond or outside his or her "scope of employment" the Specialist should deny the claim.

The Specialist should keep in mind that denying a claim because of scope-of-employment increases the possibility that there will be a conflict of interest between the District and the individual employee or employees.

7.6 Failure to Exhaust Administrative Remedies

When a non-tort claim is sent to ORM the Specialist should set up the claim to establish a record that the claim was received. The Specialist should also assign the claim a number, and send the claimant a letter referring the claimant to the appropriate agency or forum.

Failure to Exhaust Administrative Remedies applies to any claim in which the claimant failed to satisfy an administrative process that is required before a § 12-309 claim may be addressed.

7.7 Lack of Proximate Cause (Intervening Cause)

To have a viable negligence claim the claimant must show that the District was the proximate cause of the injury. Proximate cause is any cause which in a natural and continuous sequence produces the injury and without which the result would not have occurred. *See District of Columbia v. Harris*, 770 A.2d 82, 92 (D.C. 2001). Proximate cause depends upon whether the District's actions were a "substantial factor" in causing the claimant's injuries and on whether the injuries were" foreseeable". *See Lacy v. District of Columbia*, 424 A.2d 317 (D.C. 1980). Injuries are foreseeable if the District should have reasonably anticipated the danger, and failed to prevent the injury. See *Harris*, 770 A.2d at 92.

Lack of Proximate Cause/Intervening or Superseding Causes should be asserted if an intervening act breaks the chain of causation and the claimant's unforeseeable injuries did not result from the natural and continuous conduct of the District. *See Lacy*, 424 A.2d at 321.

7.8 Contracts

§12-309 only applies to tort claims, and does not apply to any claim based on a breach of contract. *District of Columbia v. Campbell,* 580 A.2d 1295, 1301 (D.C.1990).

7.9 Statute of Frauds

Statute of Frauds may be asserted as a defense if a claim is based on an alleged oral agreement or contract where local law requires the agreement to be in writing (e.g., an agreement regarding real estate or an agreement imposing obligations lasting more than a year in duration).

7.10 Payment

Payment is a defense to an obligation or agreement to pay a settlement if the Specialist determines that the payment has already been made by a third party.

7.11 Release

The Specialist may deny a claim based on Release if the claim has already been settled or is extinguished by a release signed by the claimant forgiving a debt or claim of injury or economic loss.

7.12 Public Duty Immunity

Public-Duty Immunity should be raised if the duty that the District allegedly breached was a duty owed to the public at large and not a specific duty owed to any particular person. If there is only a breach of a public duty, no liability may be imposed on the District even if plaintiff claims the District was negligent. The District is liable when a tort occurs because of a ministerial act, an act that is related to the execution of policy, but is immune from discretionary acts, acts that involve the formulation of policy. *See Elgin v. District of Columbia*, 337 F.2s 152, 156 (D.C. 1964); *Rieser v. District of Columbia*, 563 F.2s 462, 475 (D.C. 1977).

An example of a breach of a public duty would be the alleged failure of the Police Department to prevent an assault on a plaintiff by a third party, absent some special relationship between the Police Department and the plaintiff. See Morgan v. District of Columbia 468 A.2d 1306 (D.C. 1983) (en banc).

Other examples of claims that would be barred by the public-duty doctrine include claims based on:

- the failure of District personnel to arrive at a fire more quickly
- the failure to get rescue equipment or an ambulance to the scene of an accident more quickly
- the failure to protect victims harmed/murdered by an escapee from a halfway house operated by the District
- the District's decision to lower fire hydrant water pressure
- the issuance of a certificate for an elevator
- the inspection of a building or home for fire-code violations

However, if District personnel affirmatively worsen a person's condition upon their arrival – e.g., negligent emergency/first-aid treatment or use of excessive force in detaining a criminal suspect – the public-duty doctrine does not apply.

7.13 Independent Contractor

An adjuster may deny a claim when the conduct complained of involved the actions of an independent contractor. Because the District typically has no day-to-day legal control over its contractors, the District is generally not liable for the common-law torts of its independent contractors.

Some claimants may assert a negligent entrustment defense in an attempt to circumvent the defense. Even if the claimant asserts an independent cause of action against the District for purportedly failing to hire, train, or supervise the contractor properly, the Specialist should still deny the claim.

7.14 Arbitration and Award

A claim should be denied if the subject matter of the dispute has already been or is being adjudicated in a formal arbitration.

7.15 Failure of Consideration

An agreement has to be supported by sufficient consideration in order to be considered a valid contract. Consideration occurs when a party promises to do something that that he is under no legal obligation to do, or promises to refrain from doing something he has a legal right to do. *Order of AHEPA v. Travel Consultants, Inc.*, 367 A.2d 119, 125 (D.C. 1976). Failure of consideration may be a defense to a contract or agreement term that is not supported by consideration.

8 AUTHORITY

All employees should strictly adhere to the guidelines established regarding the amount of settlement and reserves authority.

8.1 Settlement Authority Guidelines

Official Employee	Authority
City Administrator	Over $500,000
Director of Risk	$100,00 - $500,000
Liability Manager	Up to $100,000
Claims Specialists	Up to $10,000

8.2 Reserves Guidelines

Official Employee	Reserves
Manager	Up to $500,000
Claims Specialists	Up to $25,000

9 PAYMENTS AND SETTLEMENTS

When requesting a check payment a Claim Specialist's must:

- Obtain two original copies of the claimant's W-9 form from the plaintiff or the plaintiff's attorney for all settlement payments
- Document the settlement amount in the ATS fie summary form
- Ensure that each payment request and payment note request in ATS expressly includes the language:
  "*Release and W9 form sent to the agency*."

When a check payment is requested the Program Analyst should submit a W-9 form to the responsive agency, and keep a W-9 form in the claim file for documentation.

9.1 Processing Payment Requests

The executed release for the settlement amount and the check payment request form should both be mailed to the responsive agency. The specialist should also provide settlement payment requests to the Program Analyst for submission to the agency Chief Financial Officer.

For claim payments above $10,000, the check payment request form must be signed by both the Claims Specialist and the Claims manager.

Agency checks are only written to authorized payees that have a settled claim against the District.

9.2 Tracking Claim Payments

Claim Specialists are expected to thoroughly track each claim. The Specialist should:

- Set up a 30 day diary for all payment requests
- Follow up with the responsive agency to ensure that payment is being processed or has been disbursed
- Enter claim payments in ATS update the claims status to closed and settled

Program Analysts will advise the Claim Specialists and update the Agency Settlements and Judgments spreadsheets.

9.3 Stop Payment

When a claimant indicates that he or she did not receive payment the Claims Specialist must:

- Initiate a stop payment on the issued check
- Provide the claimant with the check number and date of issue
- Ask the claimant to submit a written request for payment to ORM
- Inform the claimant that the repayment process may take 30 days or more
- Forward the claimant's written request for payment onto the agency

9.4 Settlements and Judgments

9.4.1 Medicare/Medicaid Recipients

In claims involving Medicare recipients, the Specialist is required to notify all payment settlements and judgments to the Center for Medicare and Medicaid Services ("CMS") when the claim is resolved. See 42 U.S.C. § 1395y(b)(8). The fine for failing to report a settlement or judgment involving a Medicare-recipient plaintiff is $1,000 per day.

If the District pays a settlement to a Medicare recipient prior to ensuring that CMS is paid, the District could be liable to CMS in the event that CMS is unable to collect the amount owed from the recipient. See 42 U.S.C. § 1395y(b)(2).

Prior to paying any claim, the Specialist should check the claimant's medical bills to determine if CMS paid any part of the claimant's bills. In cases where Medicare claims a share of a settlement or judgment, that part of the settlement or judgment should not be paid to the claimant, but should instead be sent directly to CMS.

10 LITIGATION

10.1 Opening Lawsuits

When the DCORM receives notice of a suit from the Office of the Attorney General("OAG"), the Claim's Assistant should immediately locate the closed or open file. If there is no file the Claims Assistant should request that the Tort Liability Claims Manager prepare an affidavit if the claim's event date is on or after January 14, 2004. If the claim's event date is prior to January 14, 2004 the Assistant should request that the OAG prepare the affidavit. The Assistant should then update the status to "Open Litigated" and enter the case number and name of the OAG attorney in the ATS system. The Assistant should finally, copy all materials and forward the complete original file to OAG.

10.1.1 Companion Claims

Companion claims are claims for the same incident that are brought forward from different parties to the incident. If a lawsuit is brought forward by a claimant and a companion claim is openly and actively being resolved by a Specialist, the Claims Assistant should request guidance from the Claim Specialist.

10.2 Closing Lawsuits

A Prolaw report is a listing of litigation dispositions provided by OAG. When the Claims Specialist receives a Prolaw report, the Specialist should carefully document the decision (settled, dismissed, defendant verdict, etc.) in the ATS system.

Appendix A: Agencies Handled by ORM

Acronym	Agency Name
DCA	Office of the District of Columbia Auditor
DCPS	DC Public Schools
EB	Executive Branch
OAG	Office of the Attorney General
OCA	Office of the City Administrator
DMCYFE	Deputy Mayor Children, Youth, Families & Elders
CFSAA	Child & Family Services Agency
DCOA	D.C. Office of Aging
DHCF	Department of Health Care Finance
DHS	Department of Human Services
DMH	Department of Mental health
DOH	Departments of Health
DPL	D.C. Public Libraries
DPR	Department of Parks & Recreation
DMOPS	Deputy Mayor of Operations
DCOP	D.C. Office of Personnel
DDOE	District Department of Environment
DDOT	Department of Transportation
DMV	Department of Motor Vehicles
DPW	Department of Public Works
OCP	Office of Contracting & Procurement
OCT	Office of Cable television
OCTO	Office of the Chief Technology Officer
OPM	Office of Property Management
DMPED	Deputy Mayor for Planning& Economic Development
ABRA	Alcohol Beverage Regulation Administration
DCRA	Department of Consumer & Regulatory Affairs
DHCD	Department of Housing & Community Development
DISM	Department of Insurance, Securities, & Banking
DOES	Department of Employment Services
OLDB	Office of Local Business Development
OP	Office of Planning
DMPSJ	Deputy Mayor for Public Safety & Justice
DCEMA	D.C. Emergency Management Agency
DOC	Department of Corrections
FEMS	Fire & Emergency Medical Services Department
MPD	Metropolitan Police Department
OCME	Office of the Chief Medical Examiner
OUC	Office of Unified Communications
OCA	Office of the City Administrator
OCA – AMP	Agency Management Program
OCA – AOS	Agency Oversight & Support

Acronym	Agency Name
OCA- COCS	Community Outreach/Consultant Services
OCA- CSO	Customer Service Operations
OCA- LMP	Labor Management Programs
OCA – LRCB	Labor Relations/Collective Bargaining
OCA – NS	Neighborhood Services
OCA – TII	Targeted Improvement Initiatives
ORM	Office of Risk Management
YRSA	Youth & Rehabilitation Services Administration
OCFO	Office of the Chief Financial Officer
OIG	Office of Inspector General
OMYR	Office of the Mayor
EOM	Executive Office of the Mayor
OCOM	Office of Communications
OCOS	Office of the Chief of Staff
OIRPE	Office of Intergovernmental Relations, Policy, & Evaluation
OSEC	Office of the Secretary of DC Funds
JB	Judicial Branch
LB	Legislative Branch
SEO	State Education Office
City Council	City Council

Appendix B: Agencies NOT Handled by ORM

Acronym	Agency Name
DCHA	Office of the District of Columbia Auditor
DCSEC	DC Public Schools
DSCS	Executive Branch
PDS	Office of the Attorney General
UDC	Office of the City Administrator
WASA	Deputy Mayor Children, Youth, Families & Elders
WMATA	Child & Family Services Agency